

February 4, 1997

MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF THE ARMY,
(ENVIRONMENT, SAFETY AND OCCUPATIONAL HEALTH)
OASA (IL&E)
DEPUTY ASSISTANT SECRETARY OF THE NAVY,
(ENVIRONMENT AND SAFETY), OASN (I&E)
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE,
(ENVIRONMENT, SAFETY AND OCCUPATIONAL HEALTH)
SAF/MIQ
DESIGNATED SAFETY AND OCCUPATIONAL HEALTH
OFFICIALS OF THE DEFENSE AGENCIES

SUBJECT: Ergonomics Program Requirements

This program policy memorandum (PPM) establishes interim requirements and procedures for the control of work related musculoskeletal injury and illness, also known as ergonomic injury/illness, in the Department of Defense (DoD) (attached).

Ergonomic problems take an unacceptable toll on the health of our personnel and on military readiness. Based on a review of current data, ergonomic hazards account for 35% of the \$600M per year DoD civilian workers' compensation costs, and a significant portion of military injury and illness.

DoD Components shall incorporate the attached specific ergonomics program requirements into existing programs to identify and control workplace hazards and be fully operational by January 1998. The ergonomic requirements in this PPM will be included in the next revision of DoD Instruction 6055.1, "DoD Occupational Safety and Health Program."

My point of contact for this program is LtCol John Seibert at (703) 604-1876.

/signed/
Sherri W. Goodman
Deputy Under Secretary of Defense
(Environmental Security)

Attachment

cc: DASD(Clinical Services)

DoD Ergonomic Program Requirements and Procedures

1. Written Plan. Each DoD Component shall prepare a written plan for a comprehensive ergonomic program. As a minimum, such programs will include goals and objectives; program interface with existing programs; and the four critical elements for ergonomic intervention -- workplace analysis, hazard prevention and control, health care management, and education and training. The degree of emphasis in each critical element will vary according to the hazards and concerns at each DoD installation.
2. Workplace Analysis. Systematic passive surveillance (defined below) shall be used to identify work-related musculoskeletal disorders (Definitions, enclosure 1). Where there is convincing evidence that musculoskeletal hazards exist, active surveillance shall be used to identify, evaluate, and manage workplace risks.
 - a. Systematic passive surveillance shall include analyzing data provided in existing reports and data sources such as routine injury and illness reports, log and summary of occupational injuries and illnesses, Federal Employees Compensation Act (FECA) claims, medical and safety records, and workforce reports, employee complaints, hazard reports, installation hazard abatement logs, and suggestions.
 - b. Musculoskeletal disorders shall be evaluated to determine occupational risk factors, potential work relatedness, and to identify other workers potentially at risk. Health and safety staff should use DoD resources (Enclosure 2) for assistance in evaluating risk factors and reducing work related musculoskeletal disorders.
 - c. During safety inspections and industrial hygiene surveys, health and safety staff will look for ergonomic risk factors and identify the need for more detailed analysis and intervention.
3. Hazard Prevention and Control. Effective design or redesign of a task or workstation is the preferred method of preventing and controlling exposure. The methods of intervention (in order of priority) to be used are: process elimination, engineering controls, substitution, work practices, and administrative controls (e.g., adjustment of work-rest cycles, slowing work pace, task rotation). DoD does not recognize back support belts or wrist splints as personal protective equipment, or support the use of these devices in the prevention of back or wrist injuries. These devices are considered medical appliances, and may be prescribed by a credentialed health care provider who will assume responsibility for medical clearance, proper fit of the device, and treatment monitoring and supervision. All ergonomic hazards shall be assigned a risk assessment code (RAC) using the safety RAC scoring system and entered into the installation hazard abatement plan as outlined in DoDI 6055.1, DoD Occupational Safety and Health Program.
4. Health Care Management. Each Component shall develop and implement written guidelines for early recognition, evaluation, treatment, light or restricted duty, and follow-up for employees with work-related musculoskeletal disorders. These guidelines shall be used at the local level to develop written health care management protocols.

5. Education and Training. Each Component shall develop, implement, and integrate ergonomic guidelines and standards for military and civilian personnel into existing safety and occupational health (SOH) training programs. These guidelines shall be used at the local level to develop and implement their ergonomic education and training programs.

6. Program Evaluation and Review. Each Component shall be responsible for evaluating the ongoing ergonomic effort to measure the effectiveness of interventions and level of participation.

7. Material Acquisition. Each Component shall consider ergonomic design criteria during procurement initiatives.

Enclosures:

1. Definitions
2. DoD Ergonomic Resources

DEFINITIONS

1. Ergonomics. The field of study that seeks to fit the job to the person, rather than the person to the job. This is achieved by the evaluation and design of workplaces, environments, jobs, tasks, equipment, and processes in relationship to human capabilities and interactions in the workplace.
2. Workplace Risk Factors (Ergonomic). Actions in the workplace, workplace conditions, or a combination thereof, that may cause or aggravate a work-related musculoskeletal disorder. Workplace risk factors include, but are not limited to, repetitive, forceful or prolonged exertions; frequent or heavy lifting; pushing, pulling, or carrying of heavy objects; a fixed or awkward work posture, contact stress; localized or whole-body vibration, cold temperatures and poor lighting (leading to awkward postures). These workplace risk factors can be intensified by work organization characteristics such as inadequate work-rest cycles, excessive work pace and/or duration, unaccustomed work, lack of task variability, machine work, and piece rate.
3. Work-related Musculoskeletal Disorder (Ergonomic). An injury or an illness of the muscles, tendons, ligaments, peripheral nerves, joints, cartilage (including intervertebral discs), bones and/or supporting blood vessels in either the upper or lower extremities, back, or neck, that is associated with musculoskeletal disorder workplace risk factors and are not limited to cumulative trauma disorders, repetitive strain injuries or illnesses, repetitive motion injuries or illnesses, and repetitive stress injuries or illnesses. Refers collectively to signs, or persistent symptoms, or clinically-diagnosed work-related musculoskeletal disorders when they are caused or aggravated by exposure to workplace risk factors.

Department of Defense Ergonomic Resources

	Army	Air Force	Navy
Policy/Plan	DA Pamphlet 40-ERG: Installation Ergonomics Programs		a. OPNAVINST 5100.23D b. Navy Corporate Ergonomics Plan
Technical Guidance	Tech Guide 220: Tools for an Installation Ergonomics Program	Preventing Musculoskeletal Illnesses Through Ergonomics: The Premier Program Vol 1: Management Guidelines Vol 2: Job Requirements/Physical Demands Survey Vol 3: Level I Ergonomics Assessment Methodology Guide for Administrative Work Areas Vol 4: Level I Ergonomics Assessment Methodology Guide for Maintenance & Inspection Areas	Ergonomics Reference Manual Guide for NAVAIR Field Activities
Informational Publications/ Materials	a. CTD Guide b. Numerous fact sheets, information documents, posters	a. Information documents b. ErgoEaser computer program (Education module)	a. ErgoNews monthly publication b. Videotapes: "Ergonomics in Motion"; "Ergonomics: the Motion Continues"; "Ergonomics at Work"; "Adventures of ErgoMan"; "ErgoMan II: The Adventure Continues"
Worksite Assessment Services	a. On-site surveys b. Tele-ergonomics (VTC) c. Contractor interface d. Telephone consultations	a. On-site surveys b. Contractor interface c. Telephone consultations	a. On-site (by ergo team or contractor) b. Telephone consultations
Training (*Check the DOD Safety and Occupational Health (SOH) Training Inventory on DENIX for course details.)	a. Training on a variety of ergonomics-related topics b. Introductory 40-hour accredited course c. Advanced 40-hour course (with Air Force)	a. Training on a variety of ergonomics-related topics b. Introductory 40-hour course c. Advanced specialized 40-hour courses: Bioenvironmental Engineering Public Health (with Army)	a. Training on a variety of ergonomics-related topics b. Introductory 40-hour course (offered eight times per year by Occupational Safety and Health and Environmental Training Center)
Points of Contact	USACHPPM Ergonomics Program DSN 584-3928 Commercial (410) 671-3928	Armstrong Laboratories Ergonomics Program DSN 240-6120 Commercial (512) 536-6120	Chief of Naval Operations (N45) DSN 332-2575 or (703) 602-2575 Marine Corps, HQ Marine Corps, Safety Division DSN 224-1077 or (703) 614-1077

Resources for Special Ergonomics Issues

Purchasing, Accommodation, Tools, Furniture:

- a. General Services Administration, Tools and Appliances Commodity Center
POC: Mr. Stan Fjoser, DSN 465-7520 or commercial (816) 926-7520
- b. Clearinghouse on Computer Accommodation
POC: Ms. Marilyn Estep, (202) 501-3322

Federal Sector Partnerships

- a. DOE. ErgoEaser computer program, information exchange - program issues
- b. OSHA. Policy and program issues, information exchange
- c. NIOSH. Research and program issues, information exchange